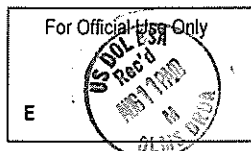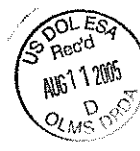# FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - *13672*	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: ROBERT LESNIEWSKI

P.O. Box, Bldg., Room No., if any:

Street: 42 DEER RUN HOLLOW

City: CLIFTON PARK

State: New York   ZIP Code + 4: 12065

4. Name, file number, and address of labor organization.

Name: NEW YORK STATE NURSES ASSOC

Labor Organization File Number: 038-970

P.O. Box, Building and Room Number, if any:

Street: 11 CORNELL RD

City: LATHAM

State: New York   ZIP Code + 4: 12110

5. Position in labor organization. CFO

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _(signature)_

On 8/5/65
Date

Telephone Number 5184616096

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NYSNA PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any   PO BOX 12340

Street

City   ALBANY

State   New York   ZIP Code + 4   12110

13.b. Is the Business an Employer ☒   or Consultant ☐   ?

14.a. Nature of payment.

TRAVEL REIMBURSEMENTS

14.b. Amount of payment.

$615

Form LM-30 (2003)

Name of Person Filing ROBERT LESNIEWSKI	File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NYSNA Benefits

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 12340

Street

City ALBANY

State New York   ZIP Code + 4 12110

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.a. Nature of payment.

TRAVEL REIMBURSEMENTS

14.b. Amount of payment.

$615

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.